



Future Flyers Registration

Please complete and email with proof of payment to matt@futureflyers.co.za

Surname & Initials	
Names	
ID Number	
Postal Address	
Contact No's	Tel: _____ CELL: _____
Next of kin	
Person responsible for payment	Tel: _____

General information	Yes	No
Matriculated		
Willing to undergo a medical examination		
Able to swim		
Transport to class		
Ever convicted of a criminal offence		
Previous flight experience		
Ever applied for a flight attendants position		
Any medical conditions aware of e.g. Diabetes, Asthma etc. If YES please specify		

Referred to us by		
Course date		
Centre	Johannesburg	Cape Town

- The above information is correct to the best of my knowledge.
- I agree to adhere to the rules and regulations of Future Flyers Training Academy.
- I understand the contents of the Future Flyers Training Academy brochure.
- I know that Future Flyers Training Academy does not guarantee employment.
- I ensure that all course fees will be paid prior to commencement of the course.
- I understand that no final examinations and or CAA licensing will be booked before settlement of the full course fees.

Student signature

Parent signature

Date

Account Name : Future Cabin Crew Pretoria
 Bank : Standard Bank
 Cheque Account : 220 926 514
 Branch Code : 011842 Boksburg

***4 ID photos and 4 certified copies of ID or passport to be handed in on first day of course.**